

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO

FILED DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST ADJUSTMENT | | AFTER 2ND ADJUSTMENT | |
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| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 14 | | | | | |
| TOTAL CLAIMS | 17 | | | | | |